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SOCIOLOGICAL ASPECTS OF THE RE- CENT HEALTH DEPARTMENT RE- ORGANIZATION IN NEW YORK STATE.

JOHN A. KINGSBURY,

Commissioner of Charities, New York City.

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I suppose I have used the words "social" and "sociological" as frequently, as loosely, and as rashly as has any one. When I came to outline the sociological aspects of the recent health reorganization in New York State, I was impressed by the absence in my own mind of a very definite conception as to the meaning of the words and, rather shamefacedly, I consulted Webster. That may be a daring statement with which to introduce a paper but my temerity goes to even greater extremes, for I'm going to quote the definition. "Sociology is that science which investigates the laws and forces which regulate human society in all its grades, existing and historical, savage and civilized." In New York we have all grades of society. We are also partly savage and partly civilized. The breadth of meaning given the word accounts for its universally hazy application; it also justifies me in challenging any one to mention anything which is *not* sociological, within or without the reorganized health department. However, I hope to emphasize a few of the points which may be said to be "sociologicaler."

Without entering into the details of the departmental reorganization, with which you are undoubtedly familiar, it may be well in the first place to briefly review those phases of the law as it stands today which are of special significance from our present point of view.

Section 3 of the law states that there shall be nine divisions of the new state department, the more important of which are as follows.

1. Division of Administration.
2. Division of Communicable Diseases.

3. Division of Vital Statistics.
4. Division of Publicity and Education.
5. Division of Child Hygiene.
6. Division of Public Health Nursing.
7. Division of Tuberculosis.

We can discuss only those phases of the law which are of greatest importance from a sociological standpoint. These, in turn, may be classified as either concrete steps in legislative health progress as actually embodied in the law, or, on the other hand, as abstract philosophical principles indicated and emphasized by the tendencies of the legislation under discussion.

As concrete examples we may take the following:

1. An Increase in the Powers and Duties of the State Officials.

The law states that the term of office of the commissioner shall be six years (p. 1). The necessity for the services in this position of a specially trained man, who shall be able to make the work his chief occupation, is recognized by the provision of the law which increases his salary to \$8,000 per year (p. 3) and by the clause which states that "during his term of office he shall not engage in any occupation which would conflict with the performance of his official duties" (p. 1). He has the power to divide the state into sanitary districts and to appoint supervisors for the same (p. 5). He is empowered to appoint local health officers in communities where the local boards fail to make the appointment (p. 7). These, and other measures applying to the sanction of the sanitary code (pp. 2 and 3), and to the financial compensation (p. 9), the tenure of office (p. 8), and powers (p. 12) of the local health officer, all reflect that democratic tendency in American governmental reform which is manifested by the centralization of power and the enhancing of official responsibility.

2. Improved Statistics as to Nativity, Morbidity and Mortality.

The provisions of the law in this regard reflect the awakening social consciousness of the community at large and the desire on the part of the community for a keener social sense of direction. The sanitary supervisors are encouraged to "promote efficient registration of births and deaths" (p. 5); the local health officers are specifically commanded to "take such steps as may be necessary to secure prompt and full reports by physicians of communicable diseases, and prompt and full registration of births and deaths" (p. 12).

3. An Annual Sanitary Survey.

The demand on the part of society for rational social book-keeping is further recognized by that provision under "the powers and duties of health officers" which states that they are to "make an annual sanitary survey and maintain a continuous sanitary supervision over the territory within their jurisdiction" (p. 12).

4. A Medical Inspection of School Children and School Equipment.

It was recognized by the legislators that the most delicate criterion of social progress is the welfare of society's future citizens. The law states that there shall be "a medical examination of every school child as soon as practicable after the opening of each school year." It adds that there shall be "a sanitary inspection periodically of all school buildings and report thereon to those responsible for the maintenance of such school buildings" (p. 12).

5. Provision for Public Nursing.

A keen social indicator is the care which society takes of its disabled members. Generous provision is made for public health nurses. Perhaps never before has actual legislation gone into such detail concerning this important health activity. To quote the law again: "Each health officer shall have power to employ such number of public health nurses as in his judgment may be necessary within the limits of the appropriation. . . . They may be assigned by him to the reduction of infant mortality, the examination or visitation of school children, or children excluded from school, the discovery or visitation of cases of tuberculosis, the visitation of the sick who may be unable otherwise to secure adequate care, the instruction of members of households in which there is a sick person, or to such other duties as may seem to him appropriate" (p. 13).

6. The Coöperation of Medical Organizations.

The value of utilizing positive, constructive, coöperative methods in social and sanitary reform is exemplified by that provision under the duties of the sanitary supervisor which admonishes him to "endeavor to enlist the coöperation of all the organizations of physicians within his district in the improvement of the public health therein" (p. 6).

7. The Public Health Council.

This council, consisting of seven members, appointed by the governor, is a most important feature. It is given power to enact laws for the preservation of health and the prevention of disease, and these laws are to go into force upon enactment, and supersede any previous local health regulations inconsistent with them, except in New York City. The council is to be made up of two laymen, one sanitary engineer, three physicians and the commissioner.

8. It may be mentioned here that a complete, new vital statistics law was also enacted, in form essentially as recommended by the Federal United States Bureau.

Time forbids detailed reference to the many other concrete examples of social progress. More fundamental, perhaps, are the somewhat abstract principles fully recognized in the health reorganization. These also lend themselves, though perhaps less readily than the former, to tabulation, and we will briefly deal with the more important ones:

1. Unification, Coördination, Centralization in Health Administration.

That the problems of one community are much the same as those of another community, and that a common solution, perhaps with special modifications, is frequently applicable to all, may have been long recognized in theory, but surely these principles have seldom been actually applied in health work. The demand for coördinate activity is met by special provisions which impower the sanitary supervisor "to call together the local health officers within his district or any portion of it from time to time for conference" (p. 5); which demand of the health officers that they "attend the annual conferences of sanitary officers called by the State Department of Health, and local conferences in the sanitary district" (p. 13). It is well for the state's right hand to know what the other hand is doing. As an illustration of the centralization of power it is specifically enacted that "the provisions of the sanitary code shall, as to matters to which it relates, and in the territory prescribed therefor by the public health council, supersede all local ordinances heretofore or hereafter enacted inconsistent therewith" (p. 3).

2. The Educational Point of View.

It has long been generally held and even quite recently stated on supposedly high authority that the chief function of a health department is the control of contagious disease. Usually the emphasis has been on preventive medicine, and on negative efforts to prevent sickness. A broader field is now being recognized—that of positive, constructive health work. Perhaps the most fundamental manifestation of this recognition of a new responsibility is the emphasis which modern health programs give to educational health activity. The sanitary supervisors in the reorganized health department of New York state are told to "promote the information of the general public in all matters pertaining to the public health" (p. 6); the local health officers have prescribed to them, as part of their duties, the promotion of the "spread of information as to the causes, nature and prevention of prevalent diseases, and the preservation and improvement of health" (p. 12).

3. The Constructive Work of Medical School Inspection.

This also illustrates a positive health attitude. The inspection is not only for the purpose of preventing disease, but is also aimed at the promotion of the vigor, vitality and efficiency of the school child.

4. A more rational distribution of effort and utilization of funds are characteristic tendencies of the new law in New York state. The health officers of the future may devote more time to social and sanitary surveys, constructive work among school children, the improvement of vital statistics and like endeavors, and waste less effort on the abatement of nuisances, the cleaning of chicken coops, and the removal of dead dogs.

On the whole the reorganization of the health department in the state of

New York was a very important step in advance, not only in health organization, but in social development. The movement, from its inception at an early conference with the new governor to the signing of the bill, was characterized by a broad social conception of duties and responsibilities. The law gives to the health organization a great degree of elasticity. Its potentiality for adaptation to special, unusual conditions is remarkable. Under the direction of a well-trained, broad-gauged health expert it should be an effective instrument in the hands of society's representative for the establishment of a more sound physical basis upon which we may build a more perfect social structure. For effective, creative health work the material and opportunities are bountiful; the knowledge and the means are at hand; the instrument, in the Empire State, at least, is but recently revised and modernized. There is a tremendous opportunity for a commissioner with an imagination and with an ideal to demonstrate that the most enduring basis for social evolution is the health of the people.